

**REVIEW ETHICS BOARD:**

AMENDING RESEARCH PROTOCOLS

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**NOTE:** Submit this form when *previously* REB-approved protocols are changed. Revised procedures CANNOT be implemented until receiving REB approval. 

**SECTION A: TITLE, CONTACT INFORMATION, OTHER APPROVALS, LOCATIONS ETC.**

**A1. TITLE OF PROPOSED RESEARCH:**

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| AU REB reference number:        | Date of most recent approval:      |
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**A2. PRINCIPAL INVESTIGATOR:**

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

**A3. CO-INVESTIGATOR, FACULTY SUPERVISOR, FACULTY SPONSOR (VISITING RESEARCHER):**

☐ NOT APPLICABLE

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

| Title:        | Name:       |
| --- | --- |
| Department:       | Institution/Organization:  |
| Mailing address (if NOT AU):       |
| Phone:        | Institutional E-mail:       |

**A4. ADDITIONAL REB’S REVIEW(S) AND/OR APPROVAL(S):**

Did another REB approve this research? ☐ NO ☐ YES

**IF YES,** name REB and describe their role in reviewing./approving any protocol amendments?

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**SECTION B: PROPOSED AMENDMENT(S), RISK/BENEFITS, ETC.**

**B1. PROPOSED AMENDMENT(S)**

Describe the proposed amendment(s) and the rationale for them. (\* Attach copies of the revised protocol).

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**B2.** Will the proposed amendment alter the purpose or objective of the study? ☐ NO  ☐ YES

**IF YES,** describe. (\* Some changes may require further REB review).

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**B3.** Will the proposed amendment change the vulnerability or risk posed to the participants/informants?

☐ NO  ☐ YES

**IF YES,** describe changes. (\* Some changes may require further REB review).

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**IF YES,** describe any follow-up action with participants/informants already enrolled in the study?

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**B4. CHANGES IN RISK MATRIX:** If the proposed amendment alters the original Risk Matrix, complete a new Risk Matrix one for each relevant method. ☐ NOT APPLICABLE

Complete matrix for each method used.

| Method #1:       |  |
| --- | --- |
|  | **Risk Level**  |  |  |
|  | **Low** | **Medium** | **High** |
| **Participant/informant Vulnerability**  |  |  |  |
| **Low** | ☐ **1** | ☐ **1** | ☐ **2** |
| **Medium** | ☐ **1** | ☐ **2** | ☐ **3** |
| **High** | ☐ **2** | ☐ **3** | ☐ **3** |

**SECTION C: SIGNATURES**

I CERTIFY, that the information provided in this application is complete and correct.

| PRINCIPAL INVESTIGATOR:        | Date:       |
| --- | --- |
| PRINCIPAL INVESTIGATOR:        | Date:       |

| CO-INVESTIGATOR:        | Date:       |
| --- | --- |
| CO-INVESTIGATOR:        | Date:       |
| CO-INVESTIGATOR:        | Date:       |
| FACULTY:        | Date:       |
| FACULTY SPONSOR:        | Date:       |

**\*\* IF** the **principal** investigator is a student, their academic advisor **MUST** sign, indicating that they have reviewed the submission.

| ACADEMIC ADVISOR:        | Date:       |
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| ACADEMIC ADVISOR:        | Date:       |

\*\* Email digital copy, including ALL relevant appendices to: **ethics@algomau.ca**